

HR

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■ **One of my employees accused me of micro-management. How can I know if I am a micromanager? And how can I stop this supervisory practice?**

Micromanaging means “overseeing” excessively the details of work assignments given to employees. This overseeing is often done in a meddling manner. Micromanagement undermines trust and affects employee morale. The disruption to the professional development of employees is perhaps its greatest harm. The goal of the micromanaging supervisor is to have work done correctly and productively, but the opposite frequently occurs. Another consequence of micromanaging is the undermining of employee initiative. Employees may ask, “Why take initiative when the penalty is aggravation?” Micromanaging supervisors may have difficulty with time management, feeling uncomfortable with free time produced by effective delegation. Some have problems with trust or may feel personally insecure. Some simply don’t understand the difference between delegation and assignment of tasks. Experiment with letting go. Read about delegation and its powerful impact in supervision. If you’re still struggling or confused, talk to the EAP.

■ **A group of four employees was disciplined because they were found to have participated in harassing behavior toward another worker. Should I refer these employees to the EAP individually or as a group? I think they could benefit as group.**

Refer these employees individually. Be sure to send a written explanation to the EAP about what happened. The rationale for individual meetings is to promote personal responsibility for one’s behavior. Each employee is disciplined individually for what he/she did, not for doing it as part of a group. Although the mind-set of a group can influence individual choices, this does not eliminate responsibility for making the wrong choice. Also, the EAP will be more effective in working with your employees individually. In a private and confidential setting, each person will respond differently and potentially have different issues to address with the EAP. Group behavior would undermine the purpose of the referral, and the EAP would have a more difficult time confronting the group’s defensiveness. The risk of the problematic behavior recurring would be more likely.

■ **I am a supervisor with high expectations, and sometimes wonder if I could be called a bully. Is there an officially recognized definition of workplace bullying?**

There is no official definition of bullying, although there is ongoing legal and legislative movement toward establishing one. Most well-honed definitions include a variation of “repeated health-harming mistreatment toward one or more employees by one or more perpetrators that undermines the normal flow of productive work.” You can be an assertive supervisor with high expectations and not be a bully. The assertive supervisor:

- Is goal-directed and makes things happen without coercion.
- Provides clear and helpful feedback as well as information and resources necessary to get the job done.
- Shows self-respect and respect for others.
- Expresses feelings and desires openly in a constructive manner.
- Knows the difference between being liked and being respected.
- Listens willingly and objectively.
- Is neither passive nor aggressive.

■ **One of our reputable employees was hospitalized and later shared his story of addiction to heroin. I was floored. The employee never showed any symptoms and did not look like a street person. There was a problem with increasing absenteeism, but I never dreamed it was drugs. Is this rare?**

For decades, drug-injecting addicts have been one of the most stigmatized groups in society and yet, according to government research, a high number of adults in the U.S. have reported using heroin. Many heroin addicts have positions of social responsibility and reputations to protect. These white-collar users are a secretive group of addicts. It is difficult to conduct research with them because of the fear of being discovered. The obscurity of this group explains why people first think of skid row persons or “junkies” when discussing illicit drugs such as heroin. In fact, the majority of heroin users are not on the street. Entry into treatment often follows a crisis of some type associated with the drug’s use. Heroin users may overdose or experience complications from their inability to know what is in the drugs they have acquired. Withdrawal symptoms are difficult and can prompt a bout of unexplained absenteeism.

■ **My fellow supervisors and I have never confronted an employee to make a referral for a reasonable suspicion test. Can the EAP meet with us to discuss this issue and offer tips? As they are the experts on employee behavior, consulting with them sounds like a good idea to me.**

Consulting with the EAP about specific concerns is recommended. You may also want to speak with the EA professional about the presentation, “Alcohol and Drugs in the Workplace” for recommendations concerning training your supervisor group. The EA professional may suggest additional discussion with your managers or HR to better understand concerns and issues in order to best meet your needs. The presentation is usually done in conjunction with an HR representative who will discuss your agency’s drug free workplace policy. The objectives of the “Alcohol and Drugs in the Workplace” presentation are:

- Review the elements of your agency drug free workplace program.
- Understand possible effects of drugs and alcohol in the workplace.
- Understand certain behavioral symptoms of controlled substances and alcohol.
- Understand your role in Reasonable Suspicion testing.
- Review the role of your EAP.

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